

Fire Alarm or Fire Suppression System Modifications REQUEST FOR EXEMPTION

NOTICE: DO NOT USE THIS FORM FOR SPRINKLER SYSTEM MODIFICATIONS

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE FIRE MARSHAL
8181 INDEPENDENCE BOULEVARD
BATON ROUGE, LOUISIANA 70806
PHONE (225) 925-4920 FAX (225) 925-4414
WEB SITE: www.dps.state.la.us/sfm

**REVIEW FEE
\$20.00**

DATE OF APPLICATION
STATE FIRE MARSHAL ARCHITECTURAL REVIEW NUMBER PO

PROJECT TITLE (Name of Business)			
NAME OF BUILDING/ SHOPPING CENTER			
PHYSICAL LOCATION OF PROJECT		ADDRESS (Street/Suite)	
Inside City Limits <input type="checkbox"/>	CITY (In or Near)	ZIP CODE	PARISH
Outside City Limits <input type="checkbox"/>			

PROFESSIONAL OF RECORD (P.O.R.) (If none, then MUST be Owner)

NAME		PHONE ()	
MAILING ADDRESS (Street/P.O. Box)		FAX ()	
CITY	STATE	ZIP CODE	P.O.R. LICENSE NO

FIRE PROTECTION SYSTEM INFORMATION

CHECK ONE ☐ FIRE ALARM ☐ HOOD AND DUCT SYSTEM

OCCUPANCY CLASS (NFPA 101 Chapter)	HAZARD CLASS <input type="checkbox"/> LOW <input type="checkbox"/> HIGH <input type="checkbox"/> ORDINARY	EQUIPMENT TO BE PROTECTED	TYPE OF AGENT IN SYSTEM
TYPE OF ALARM SYSTEM OR SERVICE <input type="checkbox"/> LOCAL <input type="checkbox"/> REMOTE STATION <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> AUXILIARY <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> EMERGENCY VOICE/ ALARM SERVICE		SIZE OF EQUIPMENT	NFPA STANDARD USED
IS ADDITIONAL POWER SUPPLY REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO WILL ADDED DEVICES DECREASE STANDBY TIME BELOW REQUIRED LIMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVICES QUANTITY _____ DEVICE _____ <input type="checkbox"/> ADDED <input type="checkbox"/> RELOCATED <input type="checkbox"/> REMOVED <input type="checkbox"/> REPLACED QUANTITY _____ DEVICE _____ <input type="checkbox"/> ADDED <input type="checkbox"/> RELOCATED <input type="checkbox"/> REMOVED <input type="checkbox"/> REPLACED	
DESCRIPTION OF WORK			

SYSTEM CONTRACTOR / ENGINEER / DESIGNER (not the Professional Of Record)

NAME		EMPLOYEE STATE LICENSE NO.	NICET LEVEL
FIRM NAME	FIRM MAILING ADDRESS		
CONTACT NAME			
FIRM LICENSE NUMBER	PHONE NO ()	FAX NO ()	

THIS EXEMPTION REQUEST IS VALID FOR 30 DAYS FROM DATE OF RESPONSE.
CONSTRUCTION PERMITS MUST BE ISSUED AND/OR CONSTRUCTION MUST COMMENCE WITHIN THIS PERIOD.

FOR FIRE MARSHAL USE ONLY	PROJECT NUMBER	REVIEW ARCHITECT
	Comments	
<input type="checkbox"/> Accepted		
<input type="checkbox"/> Denied		

DATE RECEIVED

CONTACT THE INDICATED DISTRICT
OFFICE FOR FINAL INSPECTION:



☐ HEALTH CARE
☐ BATON ROUGE
800-256-5452

☐ LAFAYETTE
800-554-0006

☐ NEW ORLEANS
888-634-7689

☐ SHREVEPORT
888-634-7682

THIS FORM IS REQUIRED IF:

- 1) ALTERATIONS ARE MADE TO AN EXISTING SYSTEM THAT INVOLVES FROM **ONE (1) TO TEN (10)** DEVICES.
- 2) THE SCOPE OF WORK COMPLIES WITH THE STATE FIRE MARSHAL MEMORANDUM DATED **MARCH 4, 1999** – “**USE OF FIRE ALARM EXEMPTION REQUEST FORM FOR REPLACEMENT OF FIRE ALARM PANELS.**”
- 3) THE SCOPE OF WORK COMPLIES WITH STATE FIRE MARSHAL MEMORANDUM **99-2** – “**FIRE ALARM EXEMPTION REQUEST FORMS FOR SUPERVISED AUTOMATIC SPRINKLER SYSTEMS AND ELEVATOR RECALL.**”
- 4) THE WORK IS A SERVICE CALL THAT EXCEEDS **FOUR (4)** OR MORE DEVICES IN ACCORDANCE WITH STATE FIRE MARSHAL MEMORANDUM **2000 – 17** – “**FIRE ALARM SERVICE CALLS.**”

THIS FORM IS NOT REQUIRED IF:

- 1) THE SCOPE OF WORK IS TO REPLACE IDENTICAL DEVICES (EXACT MAKE AND MODEL NUMBER). THIS WORK IS VIEWED AS MAINTENANCE.
- 2) THE FIELD INSPECTOR SPECIFICALLY CITES WHERE AND HOW MANY DEVICES NEED TO BE MODIFIED OR ADDED (NOT TO EXCEED **TEN (10)**), IN ACCORDANCE WITH STATE FIRE MARSHAL MEMORANDUM DATED **MARCH 9, 2000** – “**ADDITION OF DEVICES IN RESPONSE TO INSPECTION CITATION.**”
- 3) THE WORK IS A SERVICE CALL THAT DOES NOT EXCEED **THREE (3)** OR MORE DEVICES IN ACCORDANCE WITH STATE FIRE MARSHAL MEMORANDUM **2000 – 17** – “**FIRE ALARM SERVICE CALLS.**”

A FULL PLAN REVIEW IS REQUIRED IF:

- 1) THE FIRE ALARM CONTROL PANEL IS REPLACED WITH ONE THAT IS NOT IDENTICAL.
- 2) THE FIRE ALARM SIGNALING SYSTEM TYPE IS BEING MODIFIED (LOCAL TO REMOTE STATION).
- 3) COMPONENTS OF THE SUPPRESSION SYSTEM ARE REPLACED WITH ONES THAT ARE NOT IDENTICAL AND/OR REQUIRE CALCULATIONS.
- 4) QUANTITY OF DEVICES EXCEED **TEN (10)**.
- 5) BOTH FIRE ALARM CONTROL PANEL AND DEVICES ARE BEING REPLACED.

ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED, OR THE EXEMPTION REQUEST WILL BE DENIED.

- 1) PROVIDE DATE AND ARCHITECTURAL REVIEW, IF APPLICABLE.
- 2) PROVIDE PROJECT TITLE, NAME OF BUILDING AND LOCATION.
- 3) PROVIDE PROFESSIONAL OF RECORD OR OWNER.
- 4) PROVIDE ALL INFORMATION PERTINENT TO THE FIRE SYSTEM BEING ALTERED:
 - ☐ IF IT IS AN ALARM OR SUPPRESSION SYSTEM OR BOTH.
 - ☐ BUILDING AND HAZARD DATA.
 - ☐ TYPE (S) OF ALARM SYSTEM OR SERVICE.
 - ☐ TYPE OF SUPPRESSION SYSTEM (HALON, DRY CHEMICAL, FOAM, ETC...)
 - ☐ GOVERNING NFPA STANDARD
 - ☐ DESCRIBE BRIEFLY ALTERATION BEING PERFORMED (NOZZLE BEING RELOCATED DUE TO STOVE REPLACEMENT OR ADDING A SMOKE DETECTOR DUE TO AN ENLARGEMENT OF A ROOM).
 - ☐ CHECK THE APPROPRIATE BOX FOR ALTERATION PERFORMED, IDENTIFY THE QUANTITIES AND MANUFACTURERS MAKE AND MODEL NUMBER OF EACH DEVICE.
- 5) **PROVIDE DOCUMENTATION FROM AN INDEPENDENT TESTING LAB IDENTIFYING THE LISTING OF EACH DEVICE (EFFECTIVE 1/1/03).**
- 6) PROVIDE A BRIEF DESCRIPTION OF ANY EFFECT THE ALTERATION HAD ON THE EXISTING SYSTEM (I.E. INCREASE BATTERY SIZE TO ACCOMMODATE THE ADDITIONAL LOAD).
- 7) ENTER LICENSED COMPANY INFORMATION, NICET CERTIFICATE HOLDER'S NAME AND LOUISIANA STATE FIRE MARSHAL CERTIFICATE NUMBER.

IF ALL INFORMATION IS COMPLETE, THE FORM MAYBE MAILED, FAXED TO THE PLAN REVIEW SECTION OF STATE FIRE MARSHAL'S OFFICE FOR REVIEW. AN INVOICE FOR THE REVIEW CHARGES WILL BE MAILED FROM THE STATE FIRE MARSHAL'S OFFICE.

THE USE OF THE EXEMPTION REQUEST FORM IS A PRIVILEGE AND CAN BE SUSPENDED OR EVEN REVOKED BY THIS OFFICE IF DOCUMENTED ABUSE OCCURS AS OUTLINED IN STATE FIRE MARSHAL MEMORANDUM DATED JUNE 11, 2002 – “USE OF EXEMPTION REQUEST FORMS.”